

Name						
Mailing Address		Street Number	Street Name	Municipality	Province	Postal Code
Telephone		Home	Work	E-mail		
Date of Birth		Year:	Month:	Day:		

Preferred Exam Location	<input type="checkbox"/> Bathurst	<input type="checkbox"/> Campbellton	<input type="checkbox"/> Edmundston	<input type="checkbox"/> Moncton	Language Preferred	<input type="checkbox"/> English
	<input type="checkbox"/> Miramichi	<input type="checkbox"/> Saint John	<input type="checkbox"/> Fredericton			<input type="checkbox"/> French

LICENCE REQUESTED (Please Check One)		
<input type="checkbox"/> G1 Gas Technician	<input type="checkbox"/> PPO-1 Propane Plant Operator	<input type="checkbox"/> ICE-NG Natural Gas Internal Combustion Technician
<input type="checkbox"/> G1-L Gas Technician with Liquid Propane Endorsement	<input type="checkbox"/> PPO-2 Propane Plant Operator (PPO-2 Candidates MUST Attach a "HANDS ON COMPETENCY" Form)	<input type="checkbox"/> ICE/IV-NG Natural Gas Internal Combustion Industrial Vehicle Technician
<input type="checkbox"/> G2 Gas Technician	<input type="checkbox"/> PTO-1 Propane Truck Operator	<input type="checkbox"/> IMT Industrial Maintenance Gas Technician
<input type="checkbox"/> G2-L Gas Technician with Liquid Propane Endorsement	<input type="checkbox"/> PTO-2 Propane Truck Operator	<input type="checkbox"/> M Gas Fired Heating and Refrigeration Maintenance Licence
<input type="checkbox"/> GP Gas Piping Fitter	<input type="checkbox"/> ICE-P Propane Internal Combustion Technician	<input type="checkbox"/> RVT Recreation Vehicle
<input type="checkbox"/> G Medical Gas Verifier Installer	<input type="checkbox"/> ICE/IV-P Propane Internal Combustion Industrial Vehicle Technician	<input type="checkbox"/> DAT Domestic Appliance Gas Technician
<input type="checkbox"/> F Medical Gas Installer		

APPROVED COURSES SUCCESSFULLY COMPLETED					
Course Name		Instructor		Mark	
		Instructor		Mark	
		Instructor		Mark	
Board Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Examination Required	Signature	Date

***** THIS SECTION TO BE COMPLETED BY EMPLOYER*****

I hereby certify that _____ has been employed by _____
for the period from _____ to _____
Signature _____ Date _____

****If your application requires previous work experience, attach additional documentation to this application****

CHECK APPROPRIATE BOXES	
<input type="checkbox"/> Successfully completed training program acceptable to Gas Board	<input type="checkbox"/> Have at least 200 hours combined technical training and field experience under the Class A2, A4, G2-L or G1-L licence holder
<input type="checkbox"/> Have at least 2000 hours combined technical training and field experience under the Class G2 or G21 licence holder	<input type="checkbox"/> Have at least 200 hours combined technical training and field experience under the Class A4 or G1-L licence holder
<input type="checkbox"/> Have at least 2000 hours combined technical training and field experience under a Class G1 licence holder, 500 of which must be on appliances having a heating value greater than 400,000 BTU's	<input type="checkbox"/> Hold a Certification of Qualification in Automotive, Heavy Equipment, Truck and Transport or Automotive (Electrical and Fuel). Service Technician Occupation Certificate type _____ No. _____
<input type="checkbox"/> Hold a Certificate of Qualification in Plumber or Steamfitter/Pipefitter Occupation Certificate type _____ No. _____	<input type="checkbox"/> 300 hours experience under the supervision of a valid Class PPO-1 licence holder
<input type="checkbox"/> Hold a Certificate of Qualification in Refrigeration and Air Conditioning Mechanic Occupation Certificate No.	<input type="checkbox"/> 150 hours experience under the supervision of a valid PTO-1 Propane Truck Operator Licence
<input type="checkbox"/> 8 hours experience under the supervision of a valid Class PPO-2 licence holder	<input type="checkbox"/> Hold appropriate class of licence under Motor Vehicle Act. Licence type _____ No. _____
<input type="checkbox"/> 150 hours experience under the supervision of a valid PTO-2 Propane Truck Operator Licence	<input type="checkbox"/> Holder of Certificate of Qualification in appliance service technician occupation.
<input type="checkbox"/> 480 hours experience under a Recreational Vehicle or Class A1 Domestic Compressed Gas Licence holder	<input type="checkbox"/> Holder of a Medical Gas Installer's Licence (F) No. of years _____
<input type="checkbox"/> Hold a Certificate of Qualification in a related occupation acceptable to the Gas Board certificate type _____ No. _____	<input type="checkbox"/> Passed brazers performance qualification test Symbol _____
<input type="checkbox"/> Successfully completed pre-employment training program NBCC	<input type="checkbox"/> Service Medical Gas Piping Systems

Applicant's Signature	Date
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Apply by E-Mail: TISFTN@qnb.ca / Fax: (506) 457-7394 Mail: Department of Justice and Public Safety - Technical Inspection Services PO Box 6000 Fredericton, NB E3B 5H1	FEE: \$50.00 - You will be contacted with instructions for payment. If paying by cheque or money order, make payable to <u>Minister of Finance</u> and send to the address indicated.
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